

# DIVISION OF ADMINISTRATION

## SEPARATION FORM

### TO BE COMPLETED BY EMPLOYEE

Name		Personnel No.	
Address		City	Zip Code
Section		Civil Service Class Title	

- ☐ Resignation  
☐ Retirement  
☐ Death  
☐ Transfer

Effective

Date

at

Time

☐ AM☐ PM

**For  
Transfer,  
Complete  
This  
Section**



TO: Department: \_\_\_\_\_

Section: \_\_\_\_\_

Class Title: \_\_\_\_\_

### MY REASON FOR LEAVING IS:

- ☐ Better Job – Private Industry  
☐ Home Responsibilities  
☐ Insufficient Pay  
☐ Lack of Promotional Opportunity  
☐ Moving to Another Area  
☐ Poor Health  
☐ Poor Relations with Fellow Employees

- ☐ Poor Relations with Supervisor  
☐ Return to School  
☐ Shift Work  
☐ Transportation Problems  
☐ Work Not Interesting  
☐ Other (Specify) \_\_\_\_\_  
☐ \_\_\_\_\_

☐ YES      ☐ NO

I belong to Louisiana Capitol Credit Union

☐ YES      ☐ NO

I received a copy of the LDOL 77, Separation Notice Alleging Disqualification

I have turned in: ☐ YES      ☐ NO      ☐ N/A      Credit Cards☐ YES      ☐ NO      ☐ N/A      Desk Key☐ YES      ☐ NO      ☐ N/A      Door Key☐ YES      ☐ NO      ☐ N/A      Access Card

☐ YES      ☐ NO

I want my retirement contributions refunded. If yes, complete ER-2, Refund Form, and forward to the Personnel Office.

### COMMENTS

Employee Signature	Date	Section Head Signature	Date
Commissioner's Office			Date